

MS AF REPLY UNDER 37 C.F.R. § 1.116 EXPEDITED PROCEDURE EXAMINING GROUP

AME	Docket No. 1651-0163P										
Application No. 10/673,388-Conf. #003746		Filing I September		Examiner A. C. Lavaria	ie	Art Unit 2872					
Applicant(s): Chi			00, 2000	71. 0. Edvanc	.0	2072					
Invention: TUNA	BLE FILTER W	ITH A FREE S	PECTRAL R	ANGE							
MS AF Commissioner for P.O. Box 1450 Alexandria, VA 22: Transmitted here The fee has been	313-1450 with is an ame			• •							
CLAIMS AS AMENDED											
	Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate							
Total Claims	6	- 20 =		х							
Independent Claims	1	- 3 =		x							
Multiple Depend	Multiple Dependent Claims (check if applicable)										
Other fee (pleas	120.00										
TOTAL ADDIT	120.00										
X   Large Entity											
x Credit a	d below. A dup ny overpaymer	nt.		enciosed. fees required under 3	7 CED 1	16 and 1 17					
Joe McKinney Attorney Reg. N 8110 Gatehous Suite 100 East P.O. Box 747	No.: 32,834 ART, KOLASC	<u></u>		•		20, 2005					
Falls Church, V (703) 205-8026	-	0747									

ly



PTO/SB/17 (12-04v2)

Approved for use through 7/31/2006. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no person are required to respond to a collection of information unless it displays a valid OMB control number.

Effor	tive on 12/08/200	4	Complete if Known									
Fees pursuant to the Consoli	Application Num	nber 1	0/673,388-Conf. #003746									
FEE TR	Filing Date		September 30, 2003									
	First Named Inv	entor C	Chih-Tsung SHIH									
For	Examiner Name	A	A. C. Lavarias									
Applicant claims sm	Art Unit 2872											
TOTAL AMOUNT OF PA	AYMENT	(\$) 120.00	Attorney Docket No. 1651-0163P									
METHOD OF PAYMENT (check all that apply)												
X Check Credit Card Money Order None Other (please identify):												
Deposit Account Deposit Account Number 02-2448 Deposit Account Name: Birch, Stewart, Kolasch & Birch, LLP												
For the above-ide	entified deposit	account, the Director is	s hereby authorize	d to: (check	all that apply)	)						
Charge fee	(s) indicated be	low	Charge	e fee(s) indi	cated below, e	xcept for the	filing fee					
Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17												
FEE CALCULATION												
1. BASIC FILING, SEAR	CH, AND EXA	MINATION FEES										
	FILIN		ARCH FEES	EXAMIN	ATION FEES	•						
Application Type	Fee (\$)	Small Entity Fee (\$) Fee (\$	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fees Pai	id (\$)					
Utility	300	150 500	250	200	100							
Design	200	100 100	50	130	65		<del></del>					
Plant	200	100 300	150	160	80							
Reissue	300	150 500	250	600	300							
Provisional	200	100 0	0	0	0	-						
2. EXCESS CLAIM FEES		100	· ·	v	v	Sı	mall Entity					
Fee Description						Fee (\$)	Fee (\$)					
Each claim over 20 (including Reissues) 50 25												
Each independent claim	over 3 (includii	ng Reissues)				200	100					
Multiple dependent clain	ıs					360	180					
Total Claims Ext	ra Claims I	ee (\$) Fee	ee Paid (\$)		Itiple Depend	ent Claims						
620=	x _	s		Fee	(\$)	Fee Paid (\$)						
		Fee (\$) Fee	Paid (\$)									
13=		<del></del>										
3. APPLICATION SIZE FEE  If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).												
Total Sheets	Extra Sheets		additional 50 or frac		Fee (\$)	Fee Pa	id (\$)					
- 100 =		/50	(round up to a who			=						
4. OTHER FEE(S) Fees Paid (\$)												
Non-English Specification, \$130 fee (no small entity discount)												
Other (e.g., late filing surcharge): 1251 Extension for response within first month 120.00												
SUBMITTED BY A A A												
Signature \\( \text{\( \text{\) \}}}}}\end{\( \text{\\ \ext{\) \}}}\end{\( \text{\( \text{\) \}}}\end{\( \text{\( \text{\( \text{\( \text{\( \text{\) \ext{\( \text{\( \text{\) \ext{\( \text{\( \text{\( \text{\( \text{\( \text{\) \ext{\( \text{\( \text{\) \ext{\( \text{\( \text{\( \text{\) \ext{\( \text{\( \text{\( \text{\) \ext{\( \text{\( \text{\) \ext{\( \text{\) \ext{\( \text{\( \text{\) \ext{\( \text{\) \ext{\( \text{\\ \ext{\) \} \ext{\\ \exit}\ext{\\ \ext{\\ \exi}\\ \ext{\\ \exi}\}}}}}\exi\tex{\ino \text{\\ \exit}\}}}}}	Velmen	Mung	Registration No. (Attorney/Agent)	32,334	4 Telephone (703) 205-8000							
Name (Print/Type) Joe Mo	Kinney Munc	V 1	_		Date	December 20	). 2005					